## MISSOURI DEPARTMENT OF REVENUE 2004 FORM MO-1040B INDIVIDUAL INCOME TAX RETURN **VENDOR CODE** MARRIED FILING COMBINED (Assigned by DOR) SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER NAME (LAST) (FIRST) MI JR SR SPOUSE'S (LAST) MI JR SE (FIRST) IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.) PRESENT ADDRESS (INCLUDE APARTMENT NO. OR RURAL ROUTE) COUNTY OF RESIDENCE SCHOOL DISTRICT NO. PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUS AGE 65 OR OLDER BLIND 100% DISABLED NON-OBLIGATED SP CITY TOWN OR POST OFFICE STATE ZIP CODE NON-OBLIGATED SPOUSE YOURSELF YOURSELF YOURSELF YOURSELF SPOUSE SPOUSE SPOUSE SPOUSE Yourself Spouse 1. Federal adjusted gross income from your 2004 federal return 1 00 00 2 00 00 2. Any state income tax refund included in your 2004 federal income . . . . 00 00 3. Subtract Line 2 from Line 1. This is your Missouri Adjusted Gross Income. 4. Total Missouri Adjusted Gross Income — Add both numbers on Line 3. 4 00 5 Income percentages: Divide Line 3 by Line 4 for both you and your spouse. (Total must equal 100% % % 6 00 6. Enter the exemption amount of \$4,200 on Line 6. . . . . 7. Tax from federal return Enter this amount on Line 7 or (Do not enter amount from your \$10.000, whichever is less. 7 00 8. Missouri standard deduction or itemized deductions. (Missouri standard deduction — \$9,700) If claimed as a dependent, age 65 or older, or blind, see federal return. If itemizing, see back of form. 8 00 9. Number of dependents you claimed on your Federal Form 1040 OR 9 00 1040A, Line 6c. (Do not include yourself or your spouse.) . . . . . 10 00 10. Long-term care insurance deduction .............. 00 11. Total Deductions — Add Lines 6 through 10. 11 12. Missouri Taxable Income — Subtract Line 11 from Line 4. 12 00 Yourself Spouse 13. Multiply Line 12 by the percentages on Line 5 for you and 00 00 13 14. Use the tax table on back of this form to figure the tax on amounts from Line 13 for you and your spouse. .. 00 15. Total Taxes — Add your tax and your spouse's tax from Line 14. 15 00 16. Missouri tax withheld for you and your spouse from your Form W-2(s) and 00 Form 1099(s). Attach copies of Form W-2(s) and Form 1099(s). . . . . . . . 16 00 17 18 00 Ø 19. If Line 18 (Total Payments) is more than Line 15 (Total Taxes), enter the difference Ż W (amount of overpayment) here. (If Line 18 is less than Line 15, skip to Line 23.) . . 19 00 20 00 20. Amount from Line 19 you want applied to next year's taxes. Children's PA≺ Elderly Home Delivered Meals Trust Fund Code Trust Fund Code Missouri Workers 21. Enter the amount of your (See Instructions) (See Instructions) donation in the trust fund Guard 00 00 00 00 00 boxes to the right. 22. Subtract Lines 20 and 21 from Line 19 and enter here. This is your refund. Sign below and mail to: 00 23. If Line 18 is less than Line 15, enter difference here. You have an amount due. Sign below and mail to: Department of Revenue, P.O. Box 329, Jefferson City, MO 65107-0329. AMOUNT YOU OWE 23 00 The Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, cor-DOR rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. ONLY ☐ YES ☐ l authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. SIGNATURE FEIN SSN OR PTIN DATE PAID PREPARER'S SIGNATURE

S

SPOUSE'S SIGNATURE

DAYTIME TELEPHONE

PAID PREPARER'S ADDRESS AND ZIP CODE

DATE

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## **MISSOURI ITEMIZED DEDUCTIONS**

Complete this section only if you itemized deductions on your federal return. (See the instructions.)

· Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

1.	Total federal itemized deductions from Federal Form 1040, Line 39	1	00			
2.	2004 (FICA) — yourself — Social security \$ + M	/ledicare \$			2	00
3.	2004 (FICA) — spouse — Social security \$ + N	/ledicare \$	3	00		
4.	2004 Railroad retirement tax — yourself (Tier I and Tier II) \$	+ Medicare \$			4	00
5.	2004 Railroad retirement tax — spouse (Tier I and Tier II) \$	+ Medicare \$			5	00
6.	2004 Self-employment tax — Amount from Federal Form 1040, Line 30				6	00
7.	TOTAL — Add Lines 1 through 6				7	00
8.	State and local income taxes — See instructions		8	00		
9.	Earnings taxes included in Line 8 — See instructions		9	00	]	
10.	Net state income taxes — Subtract Line 9 from Line 8 or enter Line 8 from the wo	orksheet in the ins	tructi	ons	10	00

NOTE: IF LINE 11 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE INSTRUCTIONS.

## 2004 TAX TABLE

If Missouri taxable income from Form MO-1040B, Line 13, is less than \$9,000, use the table to figure tax; if more than \$9,000, use worksheet below or use the online tax calculator at www.dor.mo.gov/tax/personal/taxcalculator/

	If Line 1	3 is		If Line 1	3 is		If Line 1	3 is	If		If Line 13 is		If Line 13 is			If Line 13 is		
Ī		But			But			But			But			But			But	
	At	less	Your	At	less	Your	At	less	Your	At	less	Your	At	less	Your	At	less	Your
ŀ	least	than	tax is	least	than	tax is	least	than	tax is	least	than	tax is	least	than	tax is	least	than	tax is
	0	100	\$ 0	1,500	1,600	\$ 26	3,000	3,100	\$ 62	4,500	4,600	\$109	6,000	6,100	\$167	7,500	7,600	\$238
	100	200	2	1,600	1,700	28	3,100	3,200	65	4,600	4,700	113	6,100	6,200	172	7,600	7,700	243
	200	300	4	1,700	1,800	30	3,200	3,300	68	4,700	4,800	116	6,200	6,300	176	7,700	7,800	248
	300	400	5	1,800	1,900	32	3,300	3,400	71	4,800	4,900	120	6,300	6,400	181	7,800	7,900	253
	400	500	7	1,900	2,000	34	3,400	3,500	74	4,900	5,000	123	6,400	6,500	185	7,900	8,000	258
	500	600	8	2,000	2,100	36	3,500	3,600	77	5,000	5,100	127	6,500	6,600	190	8,000	8,100	263
	600	700	10	2,100	2,200	39	3,600	3,700	80	5,100	5,200	131	6,600	6,700	194	8,100	8,200	268
	700	800	11	2,200	2,300	41	3,700	3,800	83	5,200	5,300	135	6,700	6,800	199	8,200	8,300	274
	800	900	13	2,300	2,400	44	3,800	3,900	86	5,300	5,400	139	6,800	6,900	203	8,300	8,400	279
	900	1,000	14	2,400	2,500	46	3,900	4,000	89	5,400	5,500	143	6,900	7,000	208	8,400	8,500	285
	1,000	1,100	16	2,500	2,600	49	4,000	4,100	92	5,500	5,600	147	7,000	7,100	213	8,500	8,600	290
	1,100	1,200	18	2,600	2,700	51	4,100	4,200	95	5,600	5,700	151	7,100	7,200	218	8,600	8,700	296
	1,200	1,300	20	2,700	2,800	54	4,200	4,300	99	5,700	5,800	155	7,200	7,300	223	8,700	8,800	301
	1,300	1,400	22	2,800	2,900	56	4,300	4,400	102	5,800	5,900	159	7,300	7,400	228	8,800	8,900	307
	1,400	1,500	24	2,900	3,000	59	4,400	4,500	106	5,900	6,000	163	7,400	7,500	233	8,900	9,000	312
								You	ırself	•	S	oouse		Exan	nple	9,000		315
			<u> </u>							<u> </u>					If more than \$9,000.			

IGURING TAX OVER \$9,000 Missouri taxable income (Line 13) . . . . . 12,000 9.000 9.000 - \$ 9,000 = \$ 3,000 6% Tax on income over  $$9,000 \dots = $$ = \$ \_ = \$ 180 Add \$315 (tax on first \$9,000) ..... + \$ 315 + \$ 315 315 = \$ \_ 495 A separate tax must be computed for you and your spouse.

9,000 315
If more than \$9,000,
tax is \$315 PLUS 6% of
excess over \$9,000.
Round to nearest whole
dollar and enter on front of
form, Line 14.

00

## **Checklist Before Mailing Return**

Check your calculations.

Take the correct federal tax deduction.

Attach all required documentation:

- Form W-2(s);
- Form 1099(s);
- Copy of Federal Return, Pages 1 and 2; and
- Copy of Federal Schedule A (if you itemize deductions).